

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2005-01
PUPIL HEALTH SCREENINGS

FEBRUARY 14, 2005

Revised October 15, 2010

The Commission on State Mandates (Commission) adopted its Statement of Decision on May 26, 1994, finding that Health and Safety Code (H&SC) Section 324.2 (now 124100), as added by Statutes 1976, Chapter 1208, and amended by Statutes 1991, Chapter 373; and H&SC Section 324.3 (now 124105), as added by Statutes 1991, Chapter 373, and amended by Statutes 1992, Chapter 759, impose a new program or higher level of service within the meaning of article XIII B, Section 6 of the California Constitution, for those school districts and county offices of education with kindergarten or first-grade pupil enrollments.

The Commission determined that the following provisions of H&SC Sections 324.2 and 324.3 established costs mandated by the state pursuant to Government Code (GC) Section 17514, by requiring school districts to:

- (1) Notify the parents or guardians of enrolled kindergarten students of the availability of Child Health and Disabilities Prevention Program services and to notify parents or guardians of kindergarten and first-grade pupils upon enrollment of their responsibilities relative to H&SC Section 323.5 (and such notification should be in conjunction with the notification regarding immunizations).
- (2) Contact the parent or guardian of first-grade pupils to obtain their compliance with the requirements of H&SC Section 323.5.
- (3) Exclude first-grade pupils, not otherwise exempted from exclusion, for up to five days if the pupil's parent or guardian fails to provide a health screening certificate or waiver.
- (4) Report compliance results and statistics to other government agencies.

CSM determined that the following provisions of H&SC Sections 324.2 and 324.3 did not establish costs mandated by the state pursuant to GC Section 17514:

- (1) Any average-daily-attendance penalty assessed by the Superintendent of Public Instruction pursuant to H&SC Section 324.2.
- (2) The loss of average-daily-attendance funds by operation of the Education Code as a result of excluding pupils from school for failure to provide a health screening certificate or waiver.
- (3) Contacting the parent or guardian of first-grade pupils in order to exempt from exclusion from school (pursuant to H&SC Section 324.3, subdivision (e)) those first-grade pupils from family situations of great dysfunction or disruption that make compliance unlikely.

The original parameters and guidelines (P's and G's) for this program were adopted on November 17, 1994. The Commission subsequently amended the P's and G's on December 9,

2004, to establish uniform cost allowances. Therefore, beginning with reimbursement claims filed for fiscal year 2004-05 and beyond, actual costs for the reimbursable activities must be claimed based on the uniform cost allowances adopted by the Commission pursuant to GC Section 17557. The uniform cost allowances will be adjusted each subsequent year by the Implicit Price Deflator (IPD) referenced in GC Section 17523.

Eligible Claimants

Except for community colleges, any school district, as defined in GC Section 17519, that incurs increased costs as a result of this mandate is eligible to claim reimbursement of these costs.

Filing Deadlines

A. Reimbursement Claims

A reimbursement claim is defined in GC Section 17522 as any claim filed with the SCO by a school district for reimbursement of costs incurred for which an appropriation is made for the purpose of paying the claim.

An actual claim may be filed by February 15 following the fiscal year in which costs were incurred. Claims for fiscal year 2009-10 will be accepted without penalty if postmarked or delivered on or before **February 15, 2011. Claims filed more than one year after the deadline will not be accepted.**

B. Late Penalty

1. Initial Claims

Late initial claims are assessed a late penalty of 10% of the total amount of the initial claims without limitation.

2. Annual Reimbursement Claims

Annual reimbursement claims must be filed by February 15 of the following fiscal year in which costs were incurred or the claims will be reduced by a late penalty.

Late annual reimbursement claims are assessed a late penalty of 10% of the claim amount; \$10,000 maximum penalty.

Minimum Claim Cost

GC Section 17564(a) provides that no claim may be filed pursuant to Sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**\$1,000**), provided that a county superintendent of schools may submit a combined claim on behalf of school districts within their county if the combined claim exceeds **\$1,000**, even if the individual school district's claim does not each exceed **\$1,000**. The county superintendent of schools will determine if the submission of the combined claim is economically feasible and be responsible for disbursing the funds to each school district. These combined claims may be filed only when the county superintendent of schools is the fiscal agent for the districts. A combined claim must show the individual claim costs for each eligible school district. All subsequent claims based upon the same mandate must only be filed in the combined form unless a school district provides a written notice of its intent to file a separate claim to the county superintendent of schools and to the SCO at least one hundred and eighty days prior to the deadline for filing the claim.

Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure Section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

Audit of Costs

All claims submitted to the SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with SCO's claiming instructions and the P's & G's adopted by the Commission. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the activity adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within thirty days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC Section 17558.5, Subdivision (a), a reimbursement claim for actual costs filed by a claimant is subject to audit by the SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

Retention of Claim Documentation

All documentation to support actual costs claimed must be retained for a period of three years after the end of the calendar year in which the reimbursement claim was filed or last amended regardless of the year of costs incurred. If no funds were appropriated for initial claims at the time the claim was filed, supporting documents must be retained for three years from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to the SCO on request.

Address for Filing Claims

Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. **To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 700
Sacramento, CA 95816

Mandated costs claiming instructions and forms are available online at the SCO's Web site: www.sco.ca.gov/ard_mancost.html. If you have any questions, call the Local Reimbursements Section at (916) 324-5729 or e-mail **LRSDAR@sco.ca.gov**.

PARAMETERS AND GUIDELINES AMENDMENT

Health and Safety Code Sections 324.2 (now 124100)
and 324.3 (now 124105)¹

Statutes 1976, Chapter 1208
Statutes 1991, Chapter 373
Statutes 1992, Chapter 759

Pupil Health Screenings (01-PGA-09)

Clovis Unified School District, Requestor

For Fiscal Year 2004-2005 and Subsequent Years

I. SUMMARY OF THE MANDATE

The Commission on State Mandates (Commission) adopted its Statement of Decision on May 26, 1994, finding that Health and Safety Code section 324.2(now 124100), as added by Statutes 1976, chapter 1208, and amended by Statutes 1991, chapter 373; and Health and Safety Code section 324.3 (now 124105), as added by Statutes 1991, chapter 373, and amended by Statutes 1992, chapter 759, impose a new program or higher level of service within the meaning of article XIII B, section 6 of the California Constitution, for those school districts and county offices of education with kindergarten or first-grade pupil enrollments.

The Commission determined that the following provisions of Health and Safety Code sections 324.2 and 324.3 established costs mandated by the state pursuant to Government Code section 17514, by requiring school districts to:

- (1) Notify the parents or guardians of enrolled kindergarten students of the availability of CHDPP services and to notify parents or guardians of kindergarten and first-grade pupils upon enrollment of their responsibilities relative to Health and Safety Code section 323.5 (and such notification should be in conjunction with the notification regarding immunizations).
- (2) Contact the parent or guardian of first-grade pupils to obtain their compliance with the requirements of Health and Safety Code section 323.5.
- (3) Exclude first-grade pupils, not otherwise exempted from exclusion, for up to five days if the pupil's parent or guardian fails to provide a health screening certificate or waiver.
- (4) Report compliance results and statistics to other government agencies.

The Commission determined that the following provisions of Health and Safety Code Sections 324.2 and 324.3 did not establish costs mandated by the state pursuant to Government Code section 17514:

¹ Renumbered by Statutes 1995, chapter 415.

- (1) Any average-daily-attendance penalty assessed by the Superintendent of Public Instruction pursuant to Health and Safety Code section 324.2.
- (2) The loss of average-daily-attendance funds by operation of the Education Code as a result of excluding pupils from school for failure to provide a health screening certificate or waiver.
- (3) Contacting the parent or guardian of first-grade pupils in order to exempt from exclusion from school (pursuant to Health and Safety Code section 324.3, subdivision (e)) those first-grade pupils from family situations of great disfunction or disruption that makes compliance unlikely.

II. ELIGIBLE CLAIMANTS

Any "school district," as defined in Government Code section 17519, except for community colleges, which incurs increased costs as a result of this mandate is eligible to claim reimbursement.

III. PERIOD OF REIMBURSEMENT

Government Code section 17557, prior to its amendment by Statutes 1998, chapter 681 (effective September 22, 1998), provided that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for that fiscal year. The test claim for this mandate was filed on December 2, 1993, therefore all mandated costs incurred on or after July 1, 1992, for implementation of Health and Safety Code sections 324.2 (now 124100) and 324.3 (now 124105) are reimbursable.

The Governor signed Assembly Bill 2855 (Stats. 2005, ch. 895) on September 29, 2004. Operative January 1, 2005, this bill eliminates activity D. in these parameters and guidelines. Thus, the period of reimbursement for activity D, Statistical Reporting, ends on December 31, 2004.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1), all claims for reimbursement of initial years' costs shall be submitted within 120 days of notification by the State Controller of the enactment of the claims bill.

For initial claims and annual claims filed prior to September 30, 2002, including amendments thereof, if the total costs for a given fiscal year do not exceed \$200, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564. For initial claims and annual claims filed on or after September 30, 2002, if the total costs for a given fiscal year do not exceed \$1000, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564.

IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, the following activities are reimbursable:

A. Notification to Parents

Preparation of a form letter and issuance, or other reasonable method of communication, for the purpose of notifying each parent or guardian, upon their child's enrollment in kindergarten or first grade, of their obligation to obtain a pupil health screening and to encourage them to obtain the screening simultaneously with required immunizations, and inform them about the services available from the county Child Health and Disabilities Prevention Program.

B. Obtaining Parental Compliance

Contacting the parents or guardian of first grade pupils by telephone or in writing, in absence of a response to the initial notice, to obtain either a certificate of health screening or a written waiver signed by the pupil's parent or guardian.

C. Exclusion of Pupils

To exclude from attendance for up to five school days, beginning the 91st calendar day after entrance to the first grade, any first-grade pupil that lacks a health screening or waiver of the health screening signed by a parent or guardian. Costs incurred for contacting parents or guardians to exempt first-grade pupils from exclusion from school are *not* reimbursable.

D. Statistical Reporting (*Reimbursement period ends December 31, 2004*)

To report annually to specified county and state agencies: the number of pupils enrolled in the first-grade, the number who have received a health screening examination, and the number of children for which waivers of examination have been received. See section VII. regarding offsetting reimbursement.

V. CLAIM PREPARATION AND SUBMISSION

Each claimed reimbursable cost must be supported by source documentation as described in section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Uniform Cost Allowances

Uniform cost allowances cover all the direct and indirect costs of performing the activities described in section IV. Direct costs are those costs incurred specifically for the reimbursable activities. Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Beginning with reimbursement claims filed for fiscal year 2004-2005 and beyond, actual costs for reimbursable activities IV. A. through IV. D. shall be claimed based on the uniform cost allowances adopted by the Commission pursuant to Government Code section 17557. The uniform cost allowances shall be adjusted each subsequent year by the Implicit Price Deflator referenced in Government Code section 17523.

Reimbursable Component	Uniform Cost Allowance
IV. A. Notification to Parents	\$ 0.0683
IV. B. Obtaining Parental Compliance	\$ 4.4604
IV. C. Exclusion of Pupils	\$ 11.734
IV. D. Statistical Reporting	\$ 0.463

- Reimbursement for IV. A. is determined by multiplying the uniform cost allowance for the appropriate fiscal year by the *number of notifications issued*.
- Reimbursement for IV. B. is determined by multiplying the uniform cost allowance for the appropriate fiscal year by the *number of children enrolled in kindergarten or first grade whose parents were contacted to obtain certificates of health screening or waivers*.
- Reimbursement for IV. C. is determined by multiplying the uniform cost allowance for the appropriate fiscal year by the *number of first-grade pupils excluded from school*.
- Reimbursement for IV. D. is determined by multiplying the uniform cost allowance for the appropriate fiscal year by the *number of first-time enrolled kindergarten and first grade pupils*. (Reimbursement period ends December 31, 2004.)

The Commission has not identified any circumstances that would cause an eligible claimant to incur additional costs to perform the reimbursable activities listed in section IV. of these parameters and guidelines, which have not already been incorporated in the uniform allowance. Eligible claimants incurring any such costs within the scope of the reimbursable activities may submit a request to amend the parameters and guidelines to the Commission for such costs to be

approved for reimbursement, subject to the provisions of California Code of Regulations, title 2, section 1183.2.

VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter² is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

VII. OFFSETTING SAVINGS AND REIMBURSEMENTS

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, including but not limited to, service fees collected, federal funds, and other state funds, shall be identified and deducted from this claim. The Commission has specifically identified as offsetting reimbursement applicable to the Statistical Reporting activity (Item IV. D.) the amount of one dollar per first-grade pupil that school districts are currently receiving from the State Department of Health Services.

VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the statute or executive order creating the mandate and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

² This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and California Code of Regulations, title 2, section 1183.2.

X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statement of Decision is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.

PUPIL HEALTH SCREENINGS CLAIM FOR PAYMENT			For State Controller Use Only	PROGRAM 261
(19) Program Number 00261 (20) Date Filed (21) LRS Input				
(01) Claimant Identification Number			Reimbursement Claim Data	
(02) Claimant Name			(22) FORM-1, (03)(a)	
County of Location			(23) FORM-1, (03)(b)	
Street Address or P.O. Box		Suite	(24) FORM-1, (03)(c)	
City	State	Zip Code	(25) FORM-1, (04)(a)(IV)	
		Type of Claim	(26) FORM-1, (04)(b)(IV)	
		(03) (09) Reimbursement <input type="checkbox"/>	(27) FORM-1, (04)(c)(IV)	
		(04) (10) Combined <input type="checkbox"/>	(28) FORM-1, (06)	
		(05) (11) Amended <input type="checkbox"/>	(29) FORM-1, (07)	
Fiscal Year of Cost		(12)	(30)	
Total Claimed Amount		(13)	(31)	
Less: 10% Late Penalty (refer to attached Instructions)		(14)	(32)	
Less: Prior Claim Payment Received		(15)	(33)	
Net Claimed Amount		(16)	(34)	
Due from State		(17)	(35)	
Due to State		(18)	(36)	
<p>(37) CERTIFICATION OF CLAIM</p> <p>In accordance with the provisions of Government Code Sections 17560 and 17561, I certify that I am the officer authorized by the school district or county office of education to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.</p> <p>I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received, for reimbursement of costs claimed herein; claimed costs are for a new program or increased level of services of an existing program; and claimed amounts do not include charter school costs, either directly or through a third party. All offsetting savings and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Signature of Authorized Officer</p> <p>_____</p> </div> <div style="width: 45%;"> <p>Date Signed _____</p> <p>Telephone Number _____</p> <p>E-mail Address _____</p> </div> </div> <p>Type or Print Name and Title of Authorized Signatory _____</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>(38) Name of Agency Contact Person for Claim</p> <p>_____</p> </div> <div style="width: 45%;"> <p>Telephone Number _____</p> <p>E-mail Address _____</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Name of Consulting Firm / Claim Preparer</p> <p>_____</p> </div> <div style="width: 45%;"> <p>Telephone Number _____</p> <p>E-mail Address _____</p> </div> </div>				

PROGRAM
261

**PUPIL HEALTH SCREENINGS
CLAIM FOR PAYMENT
INSTRUCTIONS**

FORM
FAM-27

- (01) Enter the claimant identification number assigned by the State Controller's Office.
- (02) Enter claimant official name, county of location, street or postal office box address, city, state, and zip code.
- (03) to (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim as shown in the attached Form-1 line (08). The total claimed amount must exceed \$1,000.
- (14) Initial claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15** of the following fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim is timely filed. Otherwise, enter the penalty amount as a result of the calculation formula as follows:
- Late Initial Claims: FAM-27 line(13) multiplied by 10%, without limitation; or
 - Late Annual Reimbursement Claims: FAM-27, line (13) multiplied by 10%, late penalty not to exceed \$10,000.
- (15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.
- (16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., Form-1, (03)(a), means the information is located on form Form-1, line (03)(a). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the payment process.**
- (37) Read the statement of Certification of Claim. The claim must be dated, signed by the agency's authorized officer, and must type or print name, title, telephone number and E-mail address. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and E-mail address of the agency contact person for the claim. If claim is prepared by external consultant, type or print the name of the consulting firm, telephone number, and e-mail address.

SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS TO:

Address, if delivered by U.S. Postal Service:

**OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250**

Address, if delivered by other delivery service:

**OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 700
Sacramento, CA 95816**

Program 261	PUPIL HEALTH SCREENINGS CLAIM SUMMARY			FORM 1
(01) Claimant		(02)		Fiscal Year ____/____
Claim Statistics				
(03) (a) Number of notifications issued				
(b) Number of children enrolled in kindergarten or first grade whose parents were contacted to obtain certificates of health screening or waivers				
(c) Number of first grade pupils excluded from school				
Costs				
(04) Reimbursable Activities:		Numbers (See (03))	Uniform Cost Allowance (See Table)	Total (II) x (III)
(I)		(II)	(III)	(IV)
(a) Notification to Parents				
(b) Obtaining Parental Compliance				
(c) Exclusion of Pupils				
(05) Total Costs				
Cost Reduction				
(06) Less: Offsetting Savings, if applicable				
(07) Less: Other Reimbursements, if applicable				
(08) Total Claimed Amount				[Line (05) – {(line (06) + line (07))}]

Program 261	PUPIL HEALTH SCREENINGS CLAIM SUMMARY INSTRUCTIONS	FORM 1
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of costs.
- (03) Enter the numbers to line (a) the number of notifications issued, line (b) the number of children enrolled in kindergarten or first grade whose parents were contacted to obtain certificates of health screening or waivers, and line (c) the number of first-grade pupils excluded from school.
- (04) Enter the numbers from line (03) to each corresponding letters to column (04)(II). Also, enter the uniform cost allowance to line (04) column (III) from the table below.

Reimbursable Activities**Uniform Cost Allowance****2009-10 Fiscal Year**

(a) Notification to Parents	\$ 0.0822
(b) Obtaining Parental Compliance	\$ 5.6690
(c) Exclusion of Pupils	\$14.9134

Multiply lines (a) to (c) from column (II) (Numbers) by column (III) (Uniform Cost Allowance)

- (05) Add and enter the total to column (IV).
- (06) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (07) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds etc.) which reimbursed any portion of the mandated program. Submit a detailed schedule of the reimbursement sources and amounts.
- (08) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (06), and Other Reimbursements, line (07), from Total Cost, line (05) column (IV). Enter the remainder of this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.